Right of Way Disposal and/or Control of Access Revision

Name and address of requesting party		
Is requesting party the adjacent	property owner?	Yes No
Name of adjacent property owner(s	s) (if other thar	requesting party)
Type of Request: Right	of Way Disposal	
New Access Point		
Contro	ol of Access Revi	sion
Intended Land Use:		
County:	City/Town:	
Route:	At/Near:	
Project	Information	
Project Phase: Planning Design		
Construction Completed		
Has R/W claim for the requested area been settled? Yes N		
T.I.P. No.		
State Project No.		 ,
F.A. Project No.		
Station(s)		
Posted Speed(mph)		
Average Daily Traffic		(If available)
Do you anticipate problems with/o		
Wetlands Sight Distance		
Traffic Signals	Environmental Permits Required	
Bridges/Culverts		1
Is a municipality involved?		Yes No
(If yes, municipality recommendations)		
(-) , 55,		

(Please do not send a partial copy of plan sheet.)